



SPARTAN VOLLEYBALL CLINIC BOYS

Murray Parks and Recreation

is offering a **Spartan boys** volleyball clinic.

Clinic will cover fundamentals of volleyball. Coach Patrick is entering his 2nd year as the Head Volleyball Coach at Murray High School. He has been coaching for over 10 years and is certified in Gold Medal Squared and Art of coaching. His core values focus on being open and honest with his players while holding them accountable for their efforts. His goal is to make every player feel empowered and strong!

Days: Saturday

Times: 8am-10am

Dates: May 9, 2020

Cost: \$15

Grades: 4th – 6th & 7th – 9th

Location: The Park Center

Online Registration: MCREG.COM

Name _____ Phone _____

Address _____ City _____ Zip code _____

Age _____ Birth date _____ Grade _____ School _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Email _____

Does your child have any physical limitations? Yes ___ No ___ If so, please Explain _____

Name of volleyball club and number of years played club _____ / # years _____

CONCUSSION / HEAD INJURY POLICY

☐ I have hereby read and signed the Concussion/Head Injury Policy required by Murray City and have included it with my registration. I understand that Concussion/Head Injury forms are valid for two years.

LIABILITY RELEASE AND PERMISSION TO PARTICIPATE

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages, death, personal injury, or property damage which my child may have, or which may hereafter accrue as a result of participation in said event. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I have read and understood the foregoing registration, liability release, and agree to all of their terms and conditions.

Parent/Guardian Signature _____

Date _____



For Office Use Only: Date _____
 Staff Int. _____ Amount _____
 Cash Check Credit Card Other _____
 (circle type of payment)